

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-441</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TLC ADULT GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>603 DUNBAR STREET DURHAM, NC 27707</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on July 16, 2021. Deficiencies were cited.</p> <p>This facility is licensed in the following category: 10A NCAC 27G .00000 Supervised Living for Adults with Developmental Disability</p>	V 000		
V 110	<p><b>27G .0200 (D) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209;MEDICATION REQUIREMENTS</b></p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p>	V 110		

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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of three clients (#1). The findings are:</p> <p>Review on 7/16/21 of client #1's record revealed: -Admission date of 7/1/04. -Diagnoses of Paranoid Schizophrenia, Mild Mental Retardation, Type II Diabetes, Cocaine Abuse-in remission, Glaucoma, Hypertension, Anemia and Erectile Dysfunction. -Physician's order dated 7/8/20 for Triamcinolone 0.01% cream, apply to affected area daily</p> <p>Review of Medication Administration Record (MAR) on 7/16/21 revealed: -The July 2021 MAR revealed the Triamcinolone cream was listed on the MAR. -Staff had administered the Triamcinolone cream for client #1 July 10-16.</p> <p>Observation on 7/16/21 at approximately 11:40 am of the medication area revealed: -There were three tubes of the Triamcinolone 0.01% cream in the medication box for client #1. -The tubes of Triamcinolone 0.01% cream had expired on 7/9/21.</p> <p>Interview with the Licensee on 7/16/21 revealed: -She would normally have a nurse come out to check the medications. -Due to the pandemic no one had come out to check medications in several months. -She did not know the cream expired for client #1. -She confirmed facility staff failed to ensure</p>	V 119	<p><i>pp / Director will make sure that all medications are current</i></p>	<p><i>7/25/21</i></p>

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V 119	Continued From page 2  medications were disposed of in a manner that guards against diversion or accidental ingestion for client #1.	V 119		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug reviews every six months for two of three clients (#1 and #2) who received psychotropic drugs. The findings are:</p> <p>a. Review on 7/16/21 of client #1's record revealed: -Admission date of 7/1/04. -Diagnoses of Paranoid Schizophrenia, Mild Mental Retardation, Type II Diabetes, Cocaine Abuse-in remission, Glaucoma, Hypertension, Anemia and Erectile Dysfunction. -Physician's order dated 5/4/21 for Trazodone</p>	V 121	<p><i>Op / Director will ensure to have the Pharmacy to come out every 6 months to do Medication Reviews.</i></p>	<p><i>7/25/21</i></p>

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V 121	<p>Continued From page 3</p> <p>100 milligrams (mg), two tablets at bedtime. -Physician's order dated 3/20/20 for Clozapine 100 mg, one tablet in the morning and four tablets at bedtime. -There was no evidence of a six month psychotropic medication review for client #1.</p> <p>Review of the Medication Administration Record (MAR) on 7/16/21 revealed: -July 2021-Client #1 was administered the above medications July 1-16.</p> <p>b. Review on 7/16/21 of client #2's record revealed: -Admission date of 9/18/19. -Diagnoses of Down's Syndrome, Intellectual Disability, Partial AV Canal defect, Nonrheumatic Aortic valve insufficiency, Psychogenic Disorder, Pancytopenia and Dyspnea. -Physician's order dated 11/6/20 for Imipramine HCL 50 mg, one tablet at bedtime and Trazodone 50 mg, one tablet at bedtime. -Physician's order dated 5/4/20 for Aripiprazole 10 mg, one tablet daily. -Physician's order dated 3/24/20 for Lorazepam 1 mg, one tablet in the morning. -There was no evidence of a six month psychotropic medication review for client #2.</p> <p>Review of the Medication Administration Record (MAR) on 7/16/21 revealed: -July 2021-Client #2 was administered the above medications July 1-16.</p> <p>Interview on 7/16/21 with the Licensee revealed: -They used to have a pharmacist come out to do the psychotropic medication review. -She thought the last time the pharmacist came out was possibly the end of 2018 or beginning of 2019.</p>	V 121		

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V 121	Continued From page 4  -The clients had no psychotropic medication review completed since then. -She confirmed the six months psychotropic drug review was not completed for client's #1 and #2.	V 121		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting one of three staff (#1). The findings are:</p> <p>Review on 7/16/21 of staff #1's personnel record revealed: -Date of hire was 4/23/21. -She was employed as a Residential Technician. -There was no documentation of a HCPR check completed for staff #1.</p> <p>Interview on 7/16/21 with the Licensee revealed: -She thought she did the HCPR check for staff #1.</p>	V 131	<p><i>cc Director lost document for Health Registry 8/25 and will ensure that all documents will be in the employee folders</i></p>	

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V 131	Continued From page 5  -She was not sure why the HCPR check for staff #1 was not in her personnel. -She confirmed staff #1 had no documentation of a HCPR completed prior to employment.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a	V 133	<p><i>Op/Director will make sure all Criminal Records are in the Index</i></p>	

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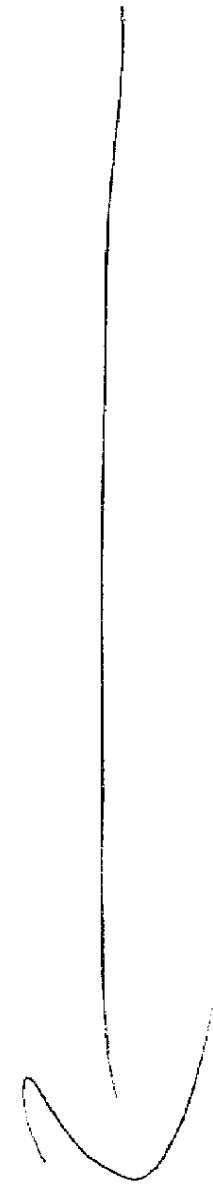
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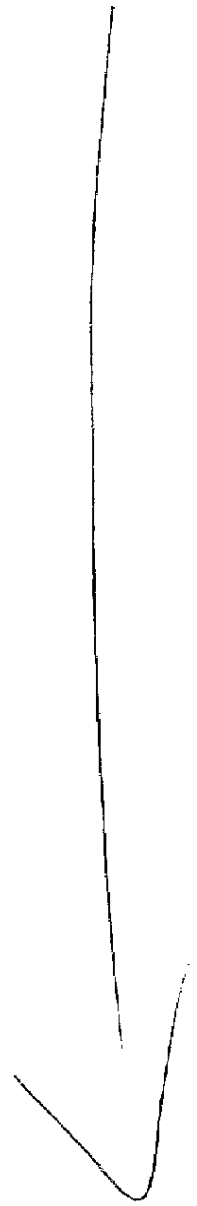
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V 133	<p>Continued From page 6</p> <p>criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p>	V 133		
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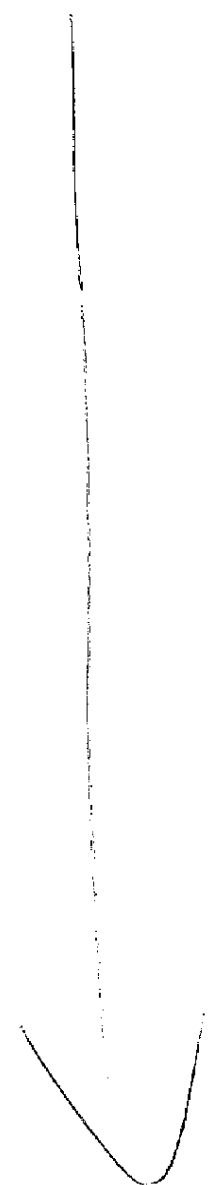
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V 133	<p>Continued From page 7</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment, however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</li> <li>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in</li> </ol>	V 133		



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V 133	<p>Continued From page 8</p> <p>compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(C), (F); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was conducted within five business days of making the conditional offer of employment affecting one of three current staff (#1). The findings are:</p>	V 133		

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V 133	Continued From page 10  Review on 7/16/21 of staff #1's personnel record revealed: -Date of hire was 4/23/21. -She was employed as a Residential Technician. -There was no documentation of a criminal history record check completed for staff #1.  Interview on 7/16/21 with the Licensee revealed: -She thought she did the criminal history record check for staff #1. -She was not sure why the criminal history record check for staff #1 was not in her personnel. -She confirmed staff #1 had no documentation of a criminal history record check completed prior to employment.	V 133	↓	
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.	V 536	<p><i>ap/ Director will make sure all EPI will be correct and in the folders.</i></p>	<p><i>8/4/21</i></p>

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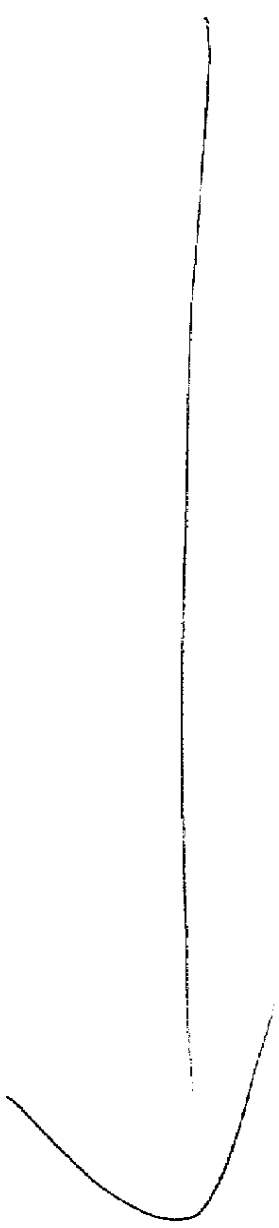
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 11</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-441</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TLC ADULT GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>603 DUNBAR STREET DURHAM, NC 27707</b>
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V 536	<p>Continued From page 12</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing,</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-441</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2021</b>
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V 536	Continued From page 13 reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three staff (the Qualified	V 536		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-441</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2021</b>
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V 536	<p>Continued From page 14</p> <p>Professional) had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 7/16/21 of the facility's personnel files revealed:</p> <ul style="list-style-type: none"> <li>- Hire date of 3/26/04.</li> <li>-The Qualified Professional had a Evidence Based Protective Interventions (EBPI) training certificate that expired on 7/1/21.</li> <li>-There was no documentation of current EBPI training for the Qualified Professional.</li> </ul> <p>Interview with the Licensee on 7/16/21 revealed:</p> <ul style="list-style-type: none"> <li>-Her agency uses EBPI training on the use of alternatives to restrictive intervention.</li> <li>-She thought the Qualified Professional had current EBPI training.</li> <li>-The Qualified Professional worked for another agency, so she knew she had a current EBPI training.</li> <li>-She confirmed the Qualified Professional had no current training on the use of alternatives to restrictive intervention.</li> </ul>	V 536		

8/5/21

To: J. Broniszewski

From: Ice Adult Home